



# The Association of Surgeons in Training

**Conclusions:** Whilst FISH is useful in determining HER2 receptor status particularly when IHC is inconclusive, results not being available multidisciplinary meetings potentially delays appropriate treatment. Acknowledging Herceptin is not used to treat all HER2 positive cancers highlights the need to evaluate its benefits in patients who do not receive chemotherapy.

## HOW ACCURATE ARE OUR NEEDLE CORE BIOPSIES IN DETECTING PHYLLODES TUMOURS?

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**Aims:** We aimed to assess how accurate our needle core biopsies are in detecting phyllodes tumours.

**Methods:** We retrospectively analysed all needle core biopsies (NCB) and final histology results for breast pathology between 2004 and 2008 at our hospital which suggested a diagnosis of Phyllodes tumour. These included both symptomatic and screen-detected patients.

**Results:** Twenty patients had a diagnosis of possible Phyllodes tumour from a total of 3250 (0.006 or 6 per thousand cores) - 12 who presented with a symptomatic breast lump and 8 from breast screening. The median age for symptomatic group was 40yrs (25 – 75yrs) and 61yrs in screen detected (53 – 65yrs). Of 9 NCB predicting phyllodes tumour, 8 were phyllodes. This gave a positive predictive value of 89%. Of the 5 NCBs predicting fibroadenoma (FA) / benign breast pathology, 2 were confirmed on final excision as phyllodes giving a negative predictive value of 40%. There were 6 cases of indeterminate NCB (34% of all cases). Final pathology confirmed 2 of these to be FA/benign breast disease and 4 as phyllodes.

**Conclusion:** Our results show that NCB suggesting phyllodes are likely to be accurate. From the indeterminate group, most final histologies were reported as phyllodes therefore favouring excision in this group.

## MRI FOR INVASIVE LOBULAR CARCINOMA; IS IT LIKELY TO BE USEFUL?

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**Aims:** Invasive lobular cancer (ILC) is often multifocal with implications for surgical treatment. MRI more accurately detects multifocality than standard imaging and NICE guidelines recommend this investigation for patients considering breast conserving therapy (BCT). Our aim was to determine the potential benefit of MRI.

**Methods:** Women diagnosed with ILC between 1996 and 2009 who did not have MRI were identified. The preoperative diagnosis and surgical treatment were reviewed.

**Results:** 366 women underwent surgery. 159 (43%) initially received BCT and 207 (57%) mastectomy. Of 159 having initial BCT, only 94 (59%) had a preoperative diagnosis of ILC and would now warrant MRI. Of these 64 (68%) had no further surgery. 18 (19%) required completion mastectomies and 9 (10%) had repeat BCT. Three women (4%) needed repeat BCT and completion mastectomy. The maximum theoretical advantage from pre-operative MRI would be avoidance of 33 repeat operations in 94 women but at a cost of approx £500 for each patient with proven ILC eligible for BCT.

## THE USE OF PLEURX DRAINS IN THE MANAGEMENT OF PERSISTENT PLEURAL EFFUSION SECONDARY TO MALIGNANT MESOTHELIOMA: A 5 YEAR EXPERIENCE

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**Objectives:** To report the morbidity and evaluate the outcome and benefits associated with pleurex drain in the management of persistent malignant pleural effusion in mesothelioma.

**Method:** This is a 5 year retrospective study; data was collected from clinical case notes of symptomatic patients who underwent primary or secondary pleurex drain insertion for malignant pleural effusion. 61 patients with mesothelioma were compared with another 61 patients with other malignancies.

**Results:** There were 58 (95%) Males and 3 (5%) Females with mean age  $\pm$  SD of  $69.7 \pm 8$  years. 10 (16%) and 2 (3%) of patients had failed talc pleurodesis and pleuro peritoneal shunt prior to drain insertion. 65.6% of the drains were right sided and 35.4% were left sided. 80% of patients reported immediate improvement post drain insertion and Drainage related pleurodesis was achieved in 38% of patients. 34.4% of patients developed complications related to pleurex drain insertion. The median hospital stay was 3 days and survival post drain insertion was 146 days.

**Conclusion:** The use of pleurex drain in pleural effusion associated with malignant mesothelioma is effective in symptomatic and usually terminally ill patients. It is associated with immediate improvement and few complications.

## PAIN MANAGEMENT IN PAEDIATRIC TRAUMA PATIENTS WITH LONG BONE FRACTURES IN AN EMERGENCY DEPARTMENT: DO WE COMPLY WITH THE COLLEGE OF EMERGENCY MEDICINE (CEM) GUIDELINES?

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It has been well documented that, a delay in initiating appropriate analgesia to children with long bone fracture has a direct impact on their quality of life, clinical state and prolongs hospital stay. Furthermore, it is also known that time from triage to analgesia amongst the paediatric population is a key performance indicator, for emergency departments. We conducted a one year prospective audit, in our emergency department of children between the ages of 5-15 years, who sustained upper limb long bone fractures. We compared the time from triage to analgesic ingestion, and the documentation of pain scores and compared these against the national CEM targets. An audit of 150 children showed that the percentage of children receiving analgesia within 20 minutes increase from 25% to 76%, following the introduction local protocols and suggestions. The documentation of pain scores also rose significantly from 40%, to 78% over a one year period. In this audit we provide suggestions and a protocol that will aid current CEM guidelines for the management of pain in children with long bone fractures.

## CAROTID ENDARTERECTOMY IN THE ELDERLY: RISK FACTORS, INTRA-OPERATIVE HAEMODYNAMICS AND SHORT-TERM COMPLICATIONS; A UK TERTIARY CENTRE EXPERIENCE

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**Introduction:** Literature has reported the safety of carotid endarterectomy (CE) in the elderly. This study reports a UK-experience with particular attention to intra-operative haemodynamics.

**Methods:** 496 consecutive patients with >70% stenosis who underwent CE were prospectively assessed and divided into those <75yrs (n = 408; mean 64yrs) and those >75yrs (n = 88; mean 78yrs). Risk factors, haemodynamic parameters, surgical techniques and 30-day peri-operative complications were compared.